

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550296

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5		2				
6		2				
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17		1				
18		2				
19						
20		1				
21		2				
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37			1			
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39			1			
40				1		
41					1	
42					1	
43					1	
44					1	
45					1	
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			26			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						